UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM 8-K

CURRENT REPORT
Pursuant to Section 13 or 15(d)
of the Securities Exchange Act of 1934

Date of Report (Date of earliest event reported): May 1, 2023

LIANBIO

(Exact name of registrant as specified in its charter)

Cayman Islands	**001-40947**	**98-1594670**
(State or other jurisdiction of incorporation)	**(Commission File Number)**	**(IRS Employer Identification No.)**

103 Carnegie Center Drive, Suite 309 **Princeton, NJ**	**08540**
(Address of principal executive offices)	**(Zip Code)**

(Registrant's telephone number, including area code): (609) 486-2308

Not Applicable
(Former name or former address, if changed since last report)

Check the appropriate box below if the Form 8-K filing is intended to simultaneously satisfy the filing obligation of the registrant under any of the following provisions (see General Instruction A.2. below):

☐ Written communications pursuant to Rule 425 under the Securities Act (17 CFR 230.425)

☐ Soliciting material pursuant to Rule 14a-12 under the Exchange Act (17 CFR 240.14a-12)

☐ Pre-commencement communications pursuant to Rule 14d-2(b) under the Exchange Act (17 CFR 240.14d-2(b))

☐ Pre-commencement communications pursuant to Rule 13e-4(c) under the Exchange Act (17 CFR 240.13e-4(c))

Securities registered pursuant to Section 12(b) of the Act:

Title of each class	Trading Symbol(s)	Name of each exchange on which registered
American depositary shares, each representing 1 ordinary share, $0.000017100448 par value per share	**LIAN**	**The Nasdaq Global Market**

Indicate by check mark whether the registrant is an emerging growth company as defined in Rule 405 of the Securities Act of 1933 (§230.405 of this chapter) or Rule 12b-2 of the Securities Exchange Act of 1934 (§240.12b-2 of this chapter).

Emerging growth company ☒

If an emerging growth company, indicate by check mark if the registrant has elected not to use the extended transition period for complying with any new or revised financial accounting standards provided pursuant to Section 13(a) of the Exchange Act. ☒

Item 7.01. Regulation FD Disclosure.

As previously disclosed, LianBio (the "Company") is hosting a virtual event for analysts and investors to discuss the topline data from EXPLORER-CN and an overview of the China market opportunity for mavacamten, pending regulatory approval, at 8:00 a.m. EDT / 8:00 p.m. CST on May 1, 2023. A copy of the slide presentation that will be used during the Company's virtual event is attached hereto as Exhibit 99.1.

The information in this Item 7.01, including Exhibit 99.1 attached hereto, is intended to be furnished and shall not be deemed "filed" for purposes of Section 18 of the Securities Exchange Act of 1934, as amended (the "Exchange Act"), or otherwise subject to the liabilities of that section, nor shall it be deemed incorporated by reference in any filing under the Securities Act of 1933, as amended, or the Exchange Act, except as expressly set forth by specific reference in such filing.

Item 9.01 Financial Statements and Exhibits.

(d) Exhibits

Exhibit No.	Description
99.1	Slide Presentation by LianBio, dated May 1, 2023
104	Cover Page Interactive Data File (embedded within the Inline XBRL document)

SIGNATURES

Pursuant to the requirements of the Securities Exchange Act of 1934, the registrant has duly caused this report to be signed on its behalf by the undersigned hereunto duly authorized.

LIANBIO

By: /s/ Yizhe Wang
Yizhe Wang
Chief Executive Officer

Date: May 1, 2023


EXPLORER-CN Topline Data Results and Mavacamten China Commercial Opportunity Call
May 1, 2023

Disclaimer

The information herein contains statements about future expectations, plans and prospects for LianBio. The words "expect," "believe," "continue," "estimate," "potential," "will," "plan," "anticipate" and similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words. Forward-looking statements are not statements of historical fact nor are they guarantees or assurances of future performance. Forward-looking statements in this presentation include, but are not limited to, statements regarding LianBio's ability to accelerate patient access to innovative medicines and its clinical development capabilities in China; LianBio's plans to use the data from EXPLORER-CN and its pharmacokinetics study to support registration of mavacamten in China; mavacamten's potential as a therapeutic agent in indications outside of obstructive hypertrophic cardiomyopathy; LianBio's expectations regarding its ability to and the timeframe within which it expects to bring mavacamten to market in China and its expectations with respect to the market opportunity for mavacamten, if approved, in China; and LianBio's expectations and initiatives with respect to its commercial readiness strategy. Forward-looking statements are based on LianBio's expectations and assumptions and are subject to inherent uncertainties, risks and changes in circumstances that may cause actual results to materially and adversely differ from those set forth in or implied by such forward-looking statements, including those risks and uncertainties that are described under the heading "Risk Factors" in our Annual Report on Form 10-K for the year ended December 31, 2022, as well as discussions of potential risks, uncertainties and other important factors in our subsequent filings with the Securities and Exchange Commission. LianBio undertakes no obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events or otherwise. These forward-looking statements should not be relied upon as representing LianBio's views as of any date subsequent to the date hereof.

In addition, topline and interim data from clinical trials may not be indicative of final results, and the results of early clinical trials may not be indicative of the results of later clinical trials. Moreover, nonclinical and clinical data are often susceptible to varying interpretations and analyses, and many companies that have believed their product candidates performed satisfactorily in nonclinical and clinical trials have nonetheless failed to obtain marketing approval of their products. There is a risk that additional nonclinical and/or clinical safety studies will be required by the China National Medical Products Administration or similar regulatory authorities in other jurisdictions, or that subsequent studies will not match results seen in prior studies. As a result, topline data should be viewed with caution until the final data are available.

Certain information contained in this presentation relates to or is based on studies, publications, surveys and other data obtained from third party sources and LianBio's own internal estimates and research. While LianBio believes these third-party sources to be reliable as of the date of this presentation, it has not independently verified, and makes no representation as to the adequacy, fairness, accuracy or completeness of any information obtained from third party sources. In addition, the third party information included in this presentation may involve a number of assumptions and limitations, and there can be no guarantee as to the accuracy or reliability of such assumptions. Finally, while LianBio believes its own internal research is reliable, such research has not been verified by any independent source.

Yizhe Wang, Ph.D.

Chief Executive Officer, LianBio

Today's Agenda

Obstructive Hypertrophic Cardiomyopathy (oHCM)
Treatment and diagnosis in China today
Zhuang Tian, M.D., Professor of Cardiology, Peking Union Medical College Hospital; EXPLORER-CN Investigator

Phase 3 EXPLORER-CN Topline Data Review
Clinical and regulatory update
Michael Humphries, FRCP, Chief Scientific Advisor, LianBio

Mavacamten Potential
Clinical development strategy in other diseases of diastolic dysfunction
Brianna Sun, Head of CV Medical, LianBio

Commercial Readiness Strategy
Mavacamten in oHCM
Pascal Qian, Chief Commercial Officer and General Manager of China, LianBio

Q&A
Yizhe Wang, Ph.D., Yi Larson, Pascal Qian, Michael Humphries

Mission: To catalyze the development and accelerate availability of paradigm-shifting medicines for patients in China and major Asian markets

Where We Started

- Vision to **accelerate patient access** to innovative medicines
- **Decrease the time** it has historically taken to bring new medicines into China
- Leverage newly available regulatory paths that **shorten timeline to approval**
- **Design and execute bespoke development strategies**, taking into account local clinical practice and local regulator considerations

Where We Are

- First program in-licensed has met primary endpoint in **first pivotal trial**
- NDA accepted with **priority review** by China's National Medical Products Administration
- Designed clinical programs based on key endpoints to **support commercialization**
- Potential for mavacamten approval in China roughly **2 years after approval in the U.S.**

HCM Diagnosis and Treatment in China Today

Zhuang Tian, M.D.

- Professor of Cardiology, and Deputy Director of the Internal Medical Department, Peking Union Medical College Hospital
- Member of Chinese Society of Rare Diseases
- Member and Secretary of the Heart Failure Group of Chinese Society of Cardiology
- Member of the Standing Committee of the Clinical Pharmacy Branch of the Beijing Medical Association
- Deputy Director of the Cardiovascular Precision Medicine and Rare Diseases Group of the Fifth Committee of the Cardiovascular Physician Branch of the Chinese Medical Doctor Association
- China Executive Director of the Rare Disease Branch of the Research Hospital Association
- Expertise in the diagnosis and treatment of heart failure, cardiomyopathy, pulmonary hypertension and imaging studies such as echocardiography.
- Author of more than 60 papers and editor of 2 books
- Investigator, EXPLORER-CN

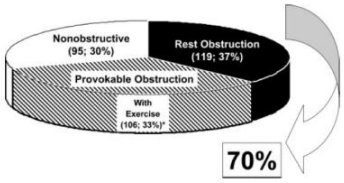
Definition and Clinical Diagnosis of Hypertrophic Cardiomyopathy (HCM): Similar Between US and China

HCM Clinical Definition[1-3]

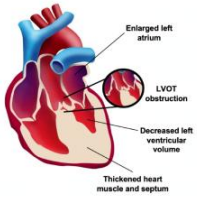
- HCM is a disease state in which morphologic expression is confined solely to the heart. It is characterized predominantly by **left ventricular hypertrophy (LVH)** in the absence of another cardiac, systemic, or metabolic disease capable of producing the magnitude of hypertrophy evident in a given patient and for which **a disease-causing sarcomere (or sarcomere-related) variant** is identified, or genetic etiology remains unresolved.

HCM Clinical Diagnosis in Adults[1-3]

- A diagnosis of HCM can be established by imaging, with **echocardiography or cardiac magnetic resonance (CMR)** showing a maximal end-diastolic wall thickness **≥15 mm** anywhere in the left ventricle, in the absence of another cause of hypertrophy in adults. More limited hypertrophy (**13-14 mm**) can be diagnostic when present in family members of a patient with HCM or in conjunction with a positive genetic test.



Up to 70% of HCM patients have resting or provocable LVOT obstruction (LVOT gradient ≥ 30 mmHg)[4]

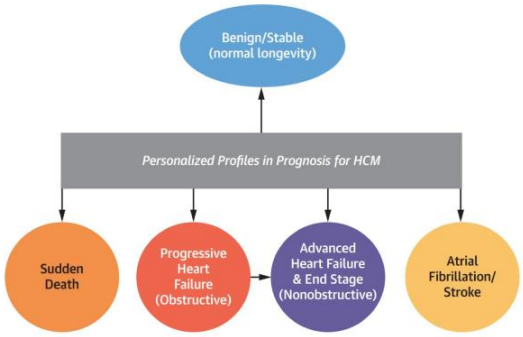


Obstructive HCM (oHCM)

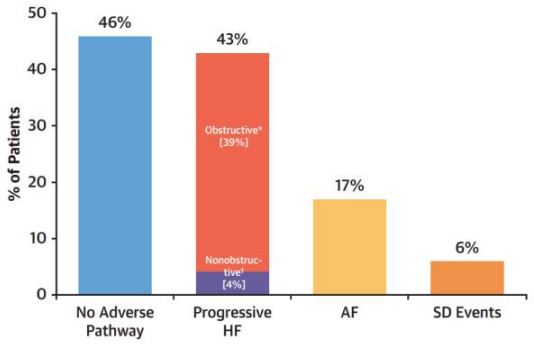
1. Circulation 2020;142:e558-e631
2. Clin J Heart Fail & Cardiomyopathy 2022;6:80-105
3. Chinese Circulation Journal 2023;38:1-33
4. Circulation 2006;114:2232-9

Clinical Course of HCM: More than 50% HCM Patients will Experience Adverse Clinical Outcomes

Chinese Patients Experience Same Adverse Clinical Pathways



Clinical profiles and prognostic pathways

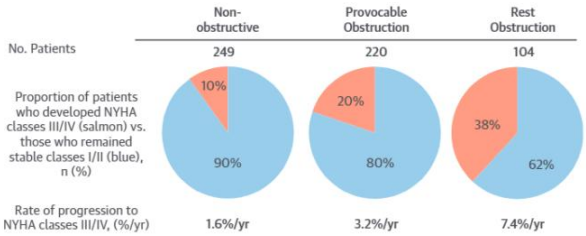


Percentage of HCM patients experiencing adverse clinical pathways

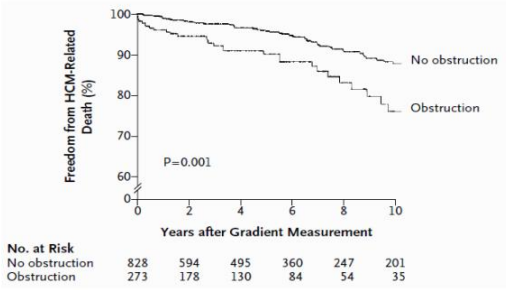
J Am Coll Cardiol 2022;79:372-389

Prognosis in oHCM Patients: Significantly Higher Risks of Severe Heart Failure and Death Compared with Nonobstructive Patients

Annual rate of progression to severe heart failure in oHCM is **3.2-7.4%**[1]



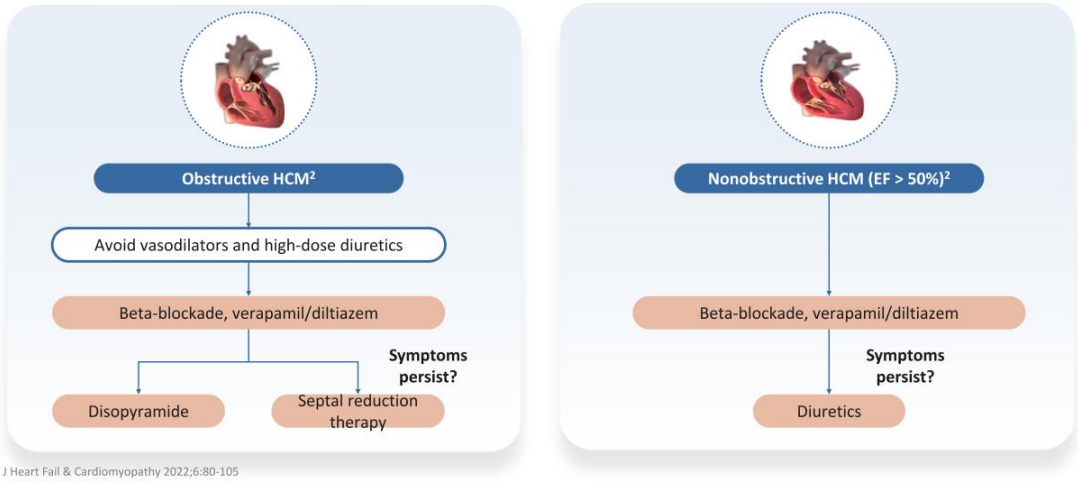
The risk of HCM-related death is **twice** that in non-obstructive HCM patients[2]



LVOT obstruction is a strong, independent predictor of progression to severe heart failure and death[2]

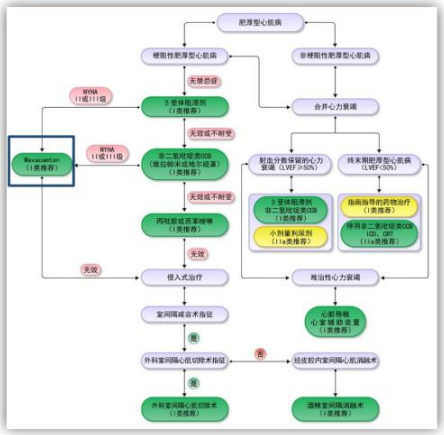
1. J Am Coll Cardiol 2016;67:1399-1409
2. N Engl J Med 2003;348:295-303

Treatment goals: relieving clinical symptoms, improving cardiac function, delaying disease progression, and reducing disease death[1]



1. Clin J Heart Fail & Cardiomyopathy 2022;6:80-105
2. Circulation 2020;142:e558-e631

Mavacamten is recommended in the latest China HCM guidelines



Treatment flow chart of oHCM*

Clin J Heart Fail & Cardiomyopathy 2022;6:80-105

* Mavacamtent not approved in China at time of publication

HCM patient advocacy group (肥厚型心肌病病友关爱之家) organized symposium on new modalities in the treatment of HCM

EXPLORER-CN
MAVACAMTEN CHINA PHASE III

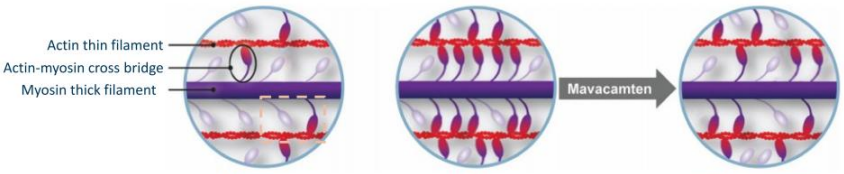
EXPLORER-CN Topline Data & Regulatory Update

Michael Humphries, FRCP

Chief Scientific Advisor, LianBio

Mechanism of Action

- Mavacamten is a first-in-class myosin inhibitor that targets the excessive contractility and impaired relaxation, myocardial energetics and compliance, with the intent of correcting the abnormal function of the hypertrophic cardiomyopathy (HCM) heart.
- **Primary mechanism** of mavacamten-mediated inhibition of cardiac myosin is the decrease of phosphate release from β-cardiac myosin-S1
- **Secondary mechanism** is the decrease in the number of actin-binding heads transitioning from the weakly to the strongly bound state, which occurs before phosphate release and may provide an additional method to modulate myosin function[1]



Normal Sarcomere

Normal contraction:
- Effective relaxation

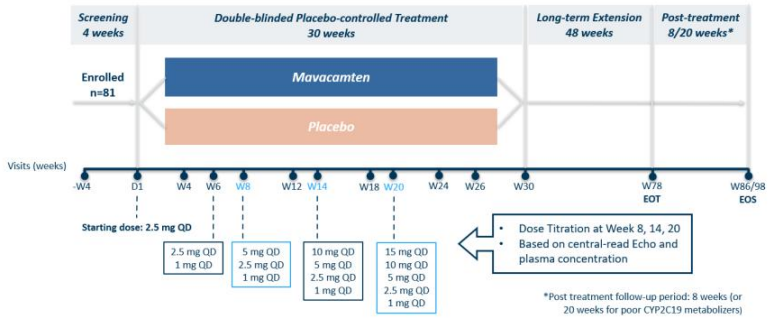
HCM Sarcomere

HCM Pathophysiology:
- Hypercontractility impaired
- Relaxation altered
- Myocardial energetics

HCM Sarcomere with Mavacamten

Attenuated Hypercontractility:
- Improved relaxation
- Improved energetics

EXPLORER-CN Study Design
A Phase III, Randomized, Double-Blinded, Placebo-Controlled Study



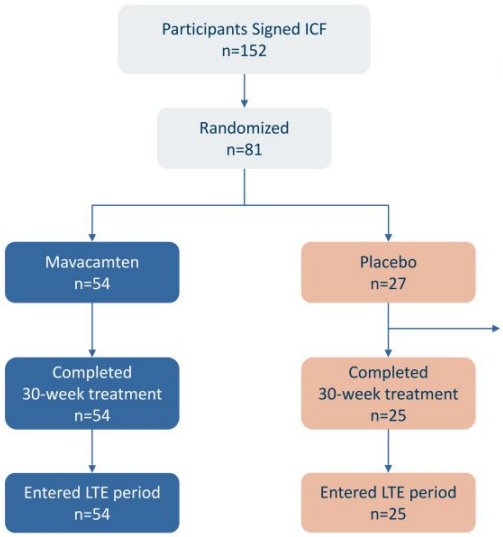
Key inclusion criteria:
- Aged 18 years or older
- Diagnosed with obstructive hypertrophic cardiomyopathy
- Body weight > 45 kg
- LVEF ≥ 55% at rest
- Resting or Valsalva LVOT peak gradient (≥50 mmHg) at screening

Primary endpoint:
- Change from baseline to week 30 in Valsalva LVOT gradient

Secondary endpoints:
- Change from baseline in resting LVOT peak gradient
- Proportion of participants achieving Valsalva LVOT peak gradient <30 mmHg
- Proportion of participants achieving Valsalva LVOT peak gradient <50 mmHg
- Proportion of participants with ≥1 NYHA class improvement from baseline
- Change from baseline in KCCQ-CSS
- Change from baseline in NT-proBNP
- Change from baseline in cardiac troponin
- Change from baseline in LVMI evaluated by CMR

EOS, end of study; EOT, end of treatment; LVOT, left ventricular outflow tract; NYHA, New York Heart Association; oHCM, obstructive hypertrophic cardiomyopathy; QD, once daily

EXPLORER-CN Subject Disposition



12 Clinical sites enrolled patients

81 Participants enrolled

100% Completed 30-week treatment in the mavacamten group

ICF, informed consent form; LTE, long-term extension

	Mavacamten (n=54)	Placebo (n=27)
Age, years, mean (SD)	52.4 (12.1)	51.0 (11.8)
Sex, n (%)		
Male	41 (75.9)	17 (63.0)
Female	13 (24.1)	10 (37.0)
BMI, mean (SD)	25.17 (3.46)	26.11 (3.58)
NYHA Class, n (%)		
Class II	44 (81.5)	18 (66.7)
Class III	10 (18.5)	9 (33.3)
Background HCM therapy, n (%)		
β blocker	48 (88.9)	24 (88.9)
Calcium channel blocker	4 (7.4)	2 (7.4)
Other	2 (3.7)	1 (3.7)

BMI, body mass index; IM, intermediate metabolizer; NM, normal metabolizer; NYHA, New York Heart Association; PM, poor metabolizer; SD, standard deviation

EXPLORER-CN Baseline Echo Parameters

Echocardiographic parameters, mean (SD)	Mavacamten (n=54)	Placebo (n=27)
Resting LVOT peak gradient, mmHg	74.62 (35.05)	73.41 (32.23)
Valsalva LVOT peak gradient, mmHg	106.78 (43.23)	99.79 (41.10)
LVEF, %	77.80 (6.89)	77.00 (6.73)
Maximum LV wall thickness, mm	22.87 (4.93)	24.34 (6.35)
Left atrial volume index, mL/m^2	43.33 (12.15)	47.47 (14.75)

LV, left ventricular; LVEF, left ventricular ejection fraction; LVOT, left ventricular outflow tract; SD, standard deviation

Topline Safety Data

EXPLORER-CN

Topline Safety Summary*

- Mavacamten demonstrated a safety profile consistent with past studies, with no new safety signals observed
- Incidence of treatment-emergent adverse events (TEAEs) on mavacamten arm similar to placebo arm
- All treatment-emergent serious adverse events (TESAEs) considered not related to study drug
- No cases of heart failure or death

Protocol-Driven Temporary Treatment Discontinuation

Criteria	Mavacamten (n=54)	Placebo (n=27)
Resting LVEF <50% by core Laboratory	0	0
Pre-dose plasma drug concentration ≥1000 ng/mL	1 (1.9%)	0
Both	0	0

- 1 participant in the mavacamten group had dose interruption due to pre-dose plasma drug concentration ≥1000 ng/mL. The LVEF was normal and study medication was later resumed.
- No participant had temporary treatment discontinuation or dose interruption due to LVEF <50%

**Full safety data to be presented at an upcoming medical meeting*

- **Mavacamten demonstrated a statistically significant improvement in Valsalva LVOT gradient from baseline to week 30 with a LSM difference of -70.29 mmHg compared to placebo (p <0.001)**
- **Data illustrates improvement in Valsalva LVOT gradient in mavacamten group compared to placebo group as early as 4 weeks and sustained through the study period**

	Mavacamten (n=54)	Placebo (n=27)	LSM Difference^ (95% CI)	p-value
Change from baseline to Week 30 in Valsalva LVOT peak gradient, mmHg, mean (SD)	-57.93 (45.61)	20.65 (46.45)	**-70.29 (-89.64, -50.94)**	**<0.001**

^ Model estimated least-square mean differences were reported for continuous variables
CI, confidence interval; LSM, least squares mean; LVOT, left ventricular outflow tract; SD, standard deviation;

Secondary Endpoints – Topline Analysis*

- **Mavacamten demonstrated treatment benefit across all pre-specified secondary endpoints**

Secondary Endpoints*	Mavacamten (n=54)	Placebo (n=27)	Difference (95% CI)^	Nominal p-value**
Change from baseline to Week 30 in Resting LVOT peak gradient, mmHg, mean (SD)	-51.45 (35.99)	6.38 (34.36)	-54.99 (-69.13, -40.86)	**<0.001**
Proportion of participants achieving a Valsalva LVOT peak gradient <30 mmHg at Week 30, n (%)	26 (48.1)	1 (3.7)	0.41 (0.24, 0.57)	**<0.001**
Proportion of participants achieving a Valsalva LVOT peak gradient <50 mmHg at Week 30, n (%)	32 (59.3)	2 (7.4)	0.47 (0.30, 0.64)	**<0.001**
Proportion of participants with at least 1 class improvement in NYHA functional classification from baseline to Week 30, n (%)	32 (59.3)	4 (14.8)	0.39 (0.20, 0.58)	**<0.001**
Change from baseline to Week 30 in KCCQ-CSS, LSM (SE)	4.99 (2.06)	-5.25 (2.75)	10.24 (4.35, 16.13)	**<0.001**
Change from baseline to Week 30 in LVMI (CMR), mean (SD)***	-26.37 (21.06)	4.43 (14.42)	-30.80 (-41.55, -20.05)	**<0.001**

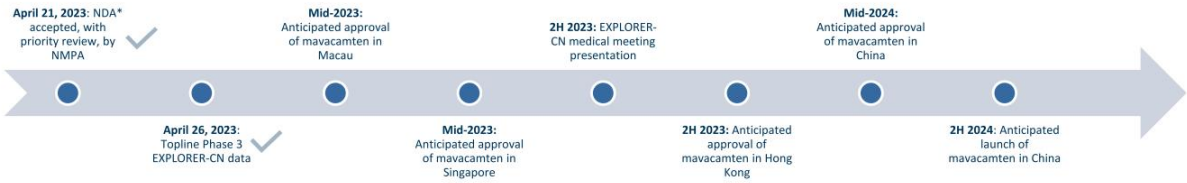
*Due to China HGRAC regulations, biomarker data are not shown. These data will be presented at an upcoming medical meeting
^ Model estimated least-square mean differences were reported for continuous variables
**P-values shown for descriptive purposes only, not multiplicity-adjusted
*** CMR set: mavacamten n=39, placebo n=19

CMR, cardiac magnetic resonance; LVMI, left ventricular mass index; LVOT, left ventricular outflow tract; NYHA, New York Heart Association; SD, standard deviation; KCCQ-CSS, Kansas City Cardiomyopathy Questionnaire-Clinical Summary Score; LSM, least squares mean

Conclusions

- **EXPLORER-CN met the study's primary endpoint with high statistical significance (p<0.001)**
  - Mavacamten showed a significant and **clinically important improvement** in change from baseline to Week 30 in Valsalva LVOT peak gradient by a LSM difference of -70.29 mmHg compared to placebo.
- **Mavacamten showed improvements versus placebo from baseline to Week 30 in all secondary endpoints, including:**
  - Change from baseline in resting LVOT peak gradient
  - Proportion of participants achieving Valsalva LVOT peak gradient <30 mmHg
  - Proportion of participants achieving Valsalva LVOT peak gradient <50 mmHg
  - Proportion of participants with ≥1 NYHA class improvement from baseline
  - Change from baseline in KCCQ-CSS
  - Change from baseline in LVMI evaluated by CMR
- **Mavacamten demonstrated a safety profile consistent with past studies**
  - There were no new safety signals observed in Chinese patients with oHCM
- **No participant had temporary treatment discontinuation or dose interruption due to LVEF <50%**

Regulatory Status in Asia and Key Anticipated Program Milestones



*Data Included in China NDA Package
Global pivotal Phase 3 EXPLORER-HCM trial data
Phase 1 pharmacokinetics study of mavacamten in healthy Chinese volunteers
Blinded preliminary safety data from Phase 3 EXPLORER-CN trial

Mavacamten Potential in Other Diseases of Diastolic Dysfunction

Brianna Sun

Cardiovascular Medical Head, LianBio

Disease overview

- nHCM has no significant LVOT obstruction (e.g., <30 mmHg) at rest or with provocation
- Driven by diastolic impairment due to the enlarged and stiffened heart muscle
  - ~1/3 of HCM patients have nHCM

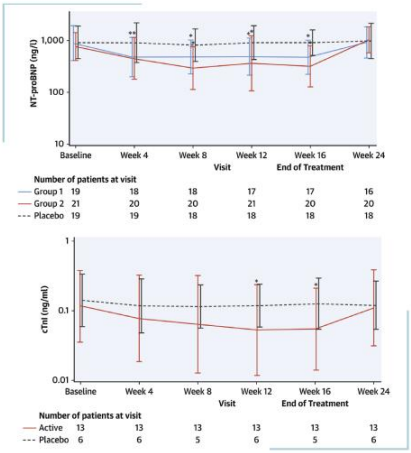
Mavacamten treatment rationale

- By altering the contractile mechanics of the cardiomyocyte, mavacamten may have the potential to reduce cardiac filling pressures and improve symptoms associated with non-obstructive HCM

Development pathway

- BMS initiated a Phase 3 trial of mavacamten in nHCM, ODYSSEY-HCM, in 2022

Phase 2 MAVERICK-HCM Trial[1]



- Physiologic benefits demonstrated with dose dependent reduction in serum levels of NT-proBNP and cTnI, suggesting improvement in cardiac wall stress and myocardial injury

1. J Am Coll Cardiol. 2020 Jun 2;75(21):2649-2660

LVOT, left ventricular outflow tract; NT-proBNP, N-terminal pro-B-type natriuretic peptide; cTnI, cardiac troponin I

Heart Failure with Preserved Ejection Fraction (HFpEF)

Disease overview

- HFpEF is a disease in which the heart's ability to pump blood through the body is decreased due to the inability of the ventricle to fully relax and fill with blood
- At a cellular level, cardiac myocytes in patients with HFpEF are thicker and shorter than normal myocytes, and collagen content is increased

Mavacamten treatment rationale

- In a subset of HFpEF patients, the underlying cause of symptoms is similar to nHCM, and we believe mavacamten has the potential to address underlying pathophysiology in this subset of HFpEF patients
  - LV diastolic dysfunction
  - Elevated LV filling pressure
  - LV hypertrophy
  - Left atrial enlargement
  - Myocardial injury & fibrosis
  - Abnormal myocardial energetics

Development pathway

- BMS Phase 2a EMBARK-HFpEF trial of mavacamten in HFpEF patients with elevated NT-proBNP ongoing (NCT04766892)
  - Study designed to assess safety, tolerability, and preliminary efficacy of mavacamten on biomarker levels in participants with HFpEF and elevation of NT-proBNP with or without elevation of cTnT

- There are approximately 3.7 million HFpEF patients in China
- Approximately 10-20% of HFpEF patients share similar pathophysiology with nHCM
- Mavacamten may have the potential to treat the underlying pathophysiology

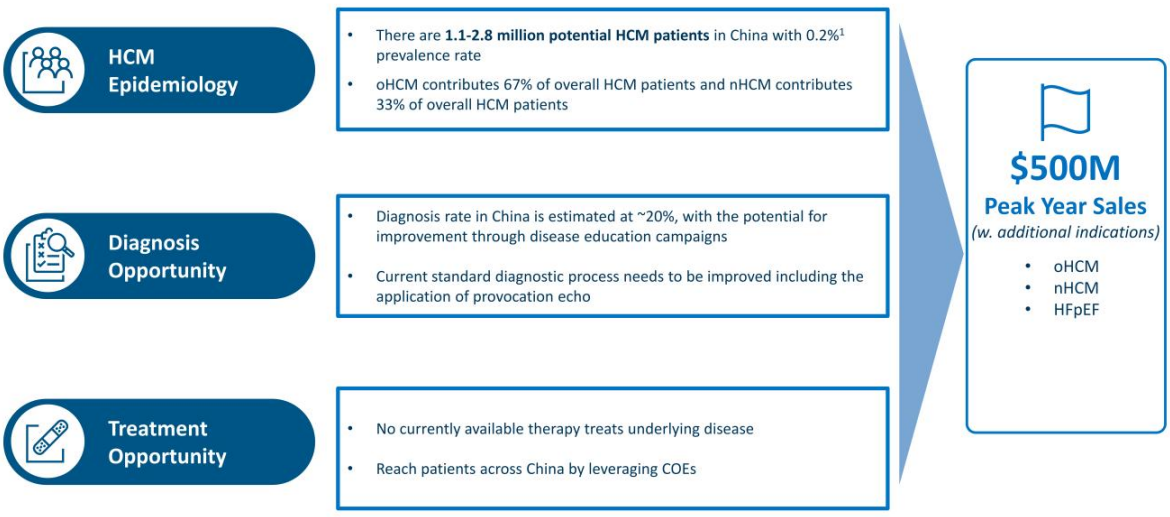
NT-proBNP, N-terminal pro-B-type natriuretic peptide; cTnT, cardiac troponin T

Mavacamten China Market Opportunity

Pascal Qian

Chief Commercial Officer and General Manager of China, LianBio

Mavacamten Opportunity in China

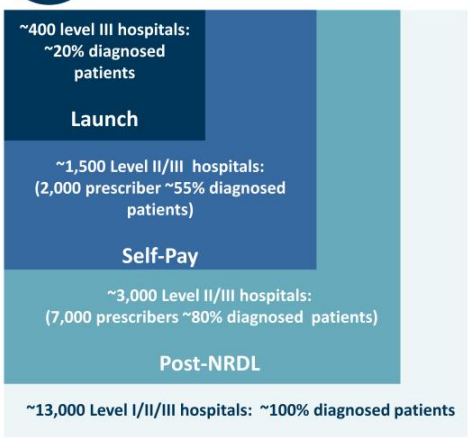


1. 2023 Guideline for Diagnosis and Treatment of Patients With Hypertrophic Cardiomyopathy, Chinese Circulation Journal, January ,2023, Vol. 38 No.1 (Serial No.295)

Reaching Diagnosed Patients

120,000-180,000 diagnosed oHCM patients today with potential to reach 300,000 diagnosed oHCM patients

Efficient coverage through phased approach



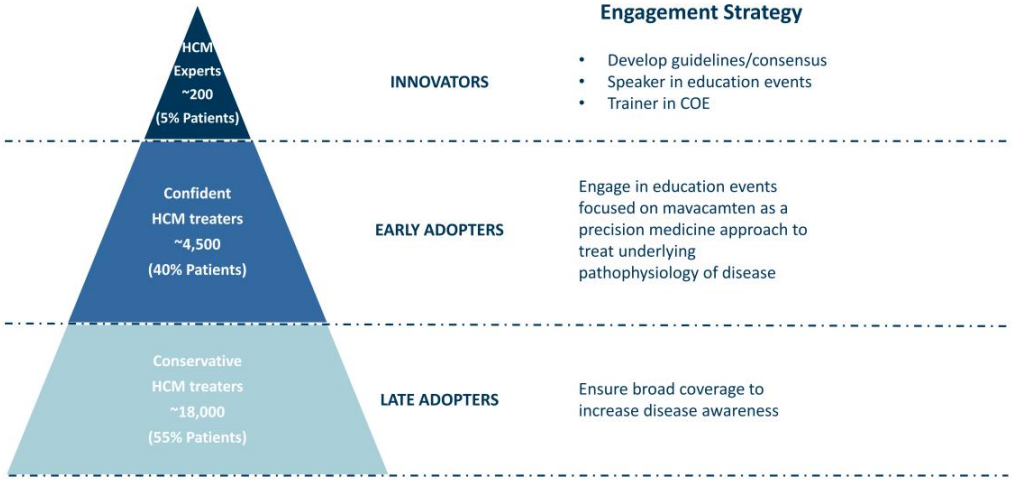
HCM COE Build

- Partnership with Chinese Cardiovascular Association
- Leverage existing infrastructure of heart failure COE
- Lead by top KOLs who built heart failure COE

• Steering Committee • Pilot wave	• Build standardized diagnosis and treatment	• Maximize Mavacamten uptake through standardized treatment

There are Approximately 75,000 Cardiologists in China, 30% Currently Treat HCM

Physician segmentation



Positioning Mavacamten for Successful China Launch

LianBio vision: Establish myosin inhibitor class as the **new standard of care** for oHCM by maximizing mavacamten's value as the only **treatment targeting the underlying pathophysiology of disease**

SHAPE	*REACH*	*GROW*	*BUILD*
Market Leadership • Improve diagnosis • Establish mavacamten as standard of care in oHCM	**Optimize Patient Access** • Gain NRDL entry	**Grow the HCM Market** • Improve the disease awareness	**Organization and Infrastructure** • Execute industry-leading commercial strategy

Collaboration with China Cardiovascular Association, Largest local cardiovascular medical society

Support Cardiovascular Foundation to develop the 1st HCM patient management and education platform

Collaboration with top institutions for mavacamten pricing and access strategy

- Mavacamten pharmacoeconomic project
- oHCM burden of disease project

Q&A

Company management available for Q&A

- Yizhe Wang, Ph.D., CEO
- Yi Larson, CFO
- Pascal Qian, CCO and General Manager of China
- Michael Humphries, FRCP, Chief Scientific Advisor


EXPLORER-CN Topline Data Results and Mavacamten China Commercial Opportunity Call
May 1, 2023